File with: Seat PO BOX 94728 Seattle, WA 98 Questions: (20 (206) 615-124 polly.grow@seat Candidates and others we candidate or being newly a	124-4728 6) 684-8500 3 attle.gov pointed officials ithin two weeks of	becoming a	SEEC DOLLAR CODE (1) (2) (3) (4) (5) (6) (7)	\$0 \$1,000 \$5,000	OUNT \$999 \$4,999 \$9,999 \$24,999 \$199,999 \$199,999	PERSOI FINANC AFFAIR STATEM	IAL S
SEND REPORT TO Seattle City Clerk			(8)		\$4,999,999	1.2.1	
"immediate family" means: (a) a spouse or domestic partner, or (b) a parent, parent of a spouse or domestic partner, child, effild of spouse or domestic partner, sibling, uncle, aunt, cousin, niece or nephew, if that person either resides with or is a dependent on the Covered Individual's most recently filed federal income tax return. SMC 4.16.080							
Last Name First Average First	vank ess)*	Middle	Initial	reportable info	ormation to disclents living in you	embers. If there is ose for dependent ir household, do no e or domestic partr	children, or ot identify
Settle K Filing Status (Check only one box.)	ing	98145		Office Held or	Sought		
□ An elected or appointed official filing annual report □ Final report as an elected official. Term expired: □ Candidate running in an election: month □ year 2019 □ Newly appointed to an elective office □ Vear 2019 □ Newly appointed to an elective office □ Office title: Security Council □ Position number: □ Term begins: □ Position number: □ Position nu						meil 2024	
INCOME List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or an immediate family member, received compensation, in any form, of \$2,400 or more during the period. Include stock options received during the reporting period that had a value of more than \$2,400. (Report interest and dividends in Item 3.)							
Show Self (S) Spouse (SP/DP) Dependent (D) Krueger System 700 AV 42 nd 51 Refractored L1 1605 Queen Anne A Secottle, WA 981	er or Source of Con 15, Juc. #221 6	pensation	Softw	pation or How (Was Earn wese Devo Podcestiv	elopment	Amount: (Use Code) (5) (2))
Check Here ☐ if continued on						()	
2 REAL ESTATE List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$12,000 in which you or an immediate family member held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)							
Property Sold or Interest Divested	Assessed Value (Use 1-9 Code)	ame and Address of	Purchaser	2000	ature and Amoun onsideration Rec	nt (Use Code) of Pa	yment or
Property Purchased or Interest Acquired	()	reditor's Name/Addre	HEERK	yrs at 4.3%)	ecurity Given	Mortgage Amount - Original	(Use Code) Current
All Other Property Entirely or Partially Owned	()		TLLV3S -	011761 19 MAR 29		()	()

Check here ☐ if continued on attached sheet

At any time during the reporting period were you and/or an immediate family member (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability company or similar entity including but not limited to a professional limited liability company? Use if yes, complete Supplement, Part A. B. Did you and/or an immediate family member have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? Use if yes, complete Supplement, Part A. C. Did you and/or an immediate family member own a business at any time during the reporting period? Use if yes, complete Supplement, Part A. D. Did you and/or an immediate family member prepare, promote or oppose state legislation, rules, rates or standards for compensation or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? Use if yes, complete Supplement, Part B. E. Only for Persons Filing Annual Report. Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, and/or an immediate family member accept a gift of food or beverages costing over \$50 per occasion? or 2) Did any source other than your governmental agency provide or pay in whole or in part for you and/or an immediate family member to travel or to attend a seminar or other training? If yes to either or both questions, complete Supplement, Part C. ALL FILERS EXCEPT CANDIDATES. Check the appropriate box. Contact Telephone: (3	ASSETS / INVESTMENTS - INTEREST / DIVIDENDS	intangible prop	savings accounts, perty (including but					
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S24,000 during the period. C. Name and address of each company, association, government agency, etc. in which you or an immediate family member, owned or hard a financial interest worth over \$2,400. Include stocks, bonds, ownership, interieument plan, IfA, notes, stock options, and other intergible property. If you or your immediate family member had decision marging unforming suspension, in the animal particular programment, the animal particular programment, the animal particular particu	B.	Name and address of each insurance company where you	or an Anno	Ilton, TX 75	5016	. – –	-		-
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C. Did you and/or an immediate family member own a business at any time during the reporting period? Les. If yes, complete Supplement, Part A. D. Did you and/or an immediate family member prepare, promote or oppose state legislation, rules, rates or standards for compensation or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? Les If yes, complete Supplement, Part B. E. Only for Persons Filing Annual Report. Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, and/or an immediate family member accept a gift of food or beverages costing over \$50 per occasion? or 2) Did any source other than your governmental agency provide or pay in whole or in part for you and/or an immediate family member to travel or to attend a seminar or other training? If yes to either or both questions, complete Supplement, Part C. ALL FILERS EXCEPT CANDIDATES. Check the appropriate box. I hold a local elected office. I have read and am familiar with SMC 2.04.300 regarding the use of public facilities in campaigns. Contact Telephone: () (work)* Email: (Home) Optiona CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge. Signature Signature	В.	Did you and/or an immediate family member have an ownership of 10%			rship, joint ven	ture or other busin	ess at any t	ime duri	ng
E. Only for Persons Filing Annual Report. Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, and/or an immediate family member accept a gift of food or beverages costing over \$50 per occasion? or 2) Did any source other than your governmental agency provide or pay in whole or in part for you and/or an immediate family member to travel or to attend a seminar or other training? If yes to either or both questions, complete Supplement, Part C. ALL FILERS EXCEPT CANDIDATES. Check the appropriate box. I hold a local elected office. I have read and am familiar with SMC 2.04.300 regarding the use of public facilities in campaigns. Contact Telephone: () (work)* Email: (Home) Optiona CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge. Signature	C.		during the reporting	period? <u>Ues</u> If yes, co	mplete Supple	ment, Part A.			
you, and/or an immediate family member accept a gift of food or beverages costing over \$50 per occasion? or 2) Did any source other than your governmental agency provide or pay in whole or in part for you and/or an immediate family member to travel or to attend a seminar or other training? If yes to either or both questions, complete Supplement, Part C. ALL FILERS EXCEPT CANDIDATES. Check the appropriate box. I hold a local elected office. I have read and am familiar with SMC 2.04.300 regarding the use of public facilities in campaigns. Contact Telephone: ()	D.	Did you and/or an immediate family member prepare, promote or oppose pay for a currently-held public office) at any time during the reporting peri	e state legislation, rul od? ### If yes, cor	es, rates or standards fo nplete Supplement, Par	r compensatio t B.	n or deferred com	pensation (ther tha	ın
I hold a local elected office. I have read and am familiar with SMC 2.04.300 regarding the use of public facilities in campaigns. Email:	E.	you, and/or an immediate family member accept a gift of food or beverag provide or pay in whole or in part for you and/or an immediate family mer	es costing over \$50	per occasion? or 2	2) Did any sour	ce other than your	governmen	ital agen	псу
I hold a local elected office. I have read and am familiar with SMC 2.04.300 regarding the use of public facilities in campaigns. Email:	ALI	L FILERS EXCEPT CANDIDATES. Check the appropriate b	ox.	Contact Telephone	e: ()				4
CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge. 3/29/2019 Signature (Home) Optional Line Signature								()4/	ork)*
CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge. 3/29/2019 Jrenk J. Junegore Signature		2.04.300 regarding the use of public facilities in campai	gns.			40000			,
Signature knowledge. Jenny G. Junger									liona
	CE		formation conta	ned in this report i	s true and	correct to the	oest of m	У	,
		3/29/2019 Frenk (a. The	wejert					
*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information. Report Not Acceptable Without Filer's Signatu	*CAN		nbers for contact	nformation. Repo	ort Not Acc	eptable With	out Filer	's Sigi	natı



Check here ☐ if continued on attached sheet

File with: Seattle City Clerk PO BOX 94728 Seattle, WA 98124-4728 Questions: (206) 684-8500 (206) 615-1248 Polly.Grow@Seattle.gov

SEEC FORM

F-1

SUPPLEMENT (7/18)

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

PROVIDE INFORMATION	FOR YOU AND ANY IMMEDIATE FAMILY	MEMBERS					
Last Name	First	Middle Initial		DATE ,	1		
Krueger	Frank	\mathcal{A}		.3/20	4/2014		
A OFFICE HEI BUSINESS INTERESTS	LD, Provide the following information if (1) were an officer, director organization, union, part (2) were a partner or mem	during the reporting period, your general partner, trustee, or nership, joint venture or other elber of a limited partnership, libut not limited to a professional	10 percent or more ntity; and/or mited liability parti	e owner of a corp nership, limited li			
•	Legal Name: Report name used on legal d	ocuments establishing the entit	ty.				
•	Trade or Operating Name: Report name used for business purposes if different from the legal name.						
•	Position or Percent of Ownership: The office	ce, title and/or percent of owner	ship held.				
•	Brief Description of the Business/Organizat	tion: Report the purpose, produ	ict(s), and/or the se	ervice(s) rendered	i.		
•	Payments from Governmental Unit: If the entity concerning which you're reporting, sh				its to the business		
•	Payments from Business Customers and proprietorship, union, association, busines seek/hold office) which paid compensation services or other consideration was given or	s or other commercial entity a of \$12,000 or more during the	nd each governme period to the entity	ent agency (other	than the one you		
•	Washington Real Estate: Identify real estate	te owned by the business entity	if the qualification	s referenced belo	w are met.		
ENTITY NO. 1			ting For: Self	Spouse			
LEGAL NAME: KYU	eger Systems, Inc NAME: Krweger System VW 42 not St #221 e, WA 98107 THE BUSINESS/ORGANIZATION:	e. Fre.	Registered Domesti	RCENT OF SWNI	2		
ADDRESS: 700 A	VW 42 not 5+ #221 e, WA 98107			29 TY:0	FILED TOTAL		
BRIEF DESCRIPTION OF SOFTwas	THE BUSINESS/ORGANIZATION: e development for mobile	platforms.		5			
	EIVED FROM GOVERNMENTAL UNIT IN We of payments	VHICH YOU SEEK/HOLD OFF		actual dollars)			
			\$ 0				
PAYMENTS ENTITY RECE Agency	EIVED FROM OTHER GOVERNMENT AGE name:	NCIES OF \$12,000 OR MORE		of payment (amou	ınt not required)		
	EIVED FROM BUSINESS CUSTOMERS OF mer name:	\$12,000 OR MORE	Purpose	of payment (amo	unt not required)		
	ATE IN WHICH ENTITY HELD A DIRECT erty is over \$24,000. List street address, as						

F-1 Supplement

		The same of the sa		
Name				
ENTITY NO. 2		Reporting For:	Self Spouse	
		Registered	Domestic Partner De	ependent
LEGAL NAME:		POSITION	OR PERCENT OF OWNE	RSHIP
TRADE OR OPERATING N	JAMF:			
ADDRESS:				
BRIEF DESCRIPTION OF	THE BUSINESS/ORGANIZATION:			
PAYMENTS ENTITY RECE	EIVED FROM GOVERNMENTAL UNIT	Γ IN WHICH YOU SEEK/HOLD OFFICE:		
Purpos	e of payments		Amount (actual dollars)	
			\$	
PAYMENTS ENTITY RECE	EIVED FROM OTHER GOVERNMENT			
Agency	/ name:		Purpose of payment (amou	nt not required)
	EIVED FROM BUSINESS CUSTOMER			
Custo	mer name:		Purpose of payment (amou	int not required)
WASHINGTON REAL EST	TATE IN WHICH ENTITY HELD A DIF	RECT FINANCIAL INTEREST (Complete only	if ownership in the ENTIT	Y is 10% or more
and assessed value of prop	perty is over \$24,000. List street addre	ess, assessor parcel number, or legal descripti	on and county for each pare	cei):
Check here ☐ if continued on a	attached sheet			
D	List persons for whom you, or a	any immediate family member, lobbied or	prepared state legislation	on or state rules,
B LOBBYING:	rates, or standards for compensa are an elected official or profession	tion or deferred compensation. Do not lisonal staff member.	t pay from government be	ody in which you
Person to Wh	nom Services Rendered	Description of Legislation, Rules, Etc.	Compensation (U	se Code 1-9)
)
				١
)
			()
Check here ☐ if continued on a	attached sheet		19	
FOOD	Complete this section if a source	e other than your own governmental agen	cy paid for or otherwise	provided all or a
C TRAVEL	portion of the following items to	you, your spouse, registered domestic costing over \$50 per occasion; 2) Trave	partner or dependents, o	or a combination
SEMINARS	programs or other training.			Т
Date Donor' Received	s Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code1-9)
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			\$	()
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Check here ☐ if continued on	attached sheet			
Officer liefe T il collumed off	attached Shoot			1

Information Continued

F-1 Supplement

Name					
ENTITY NO.	Reporting For:	Self Spouse			
	Registere	d Domestic Partner 🔲 I	Dependent		
LEGAL NAME:		N OR PERCENT OF OWN	NERSHIP		
TRADE OR OPERATING NAME:					
ADDRESS:					
BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:					
PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UN	IIT IN WHICH YOU SEEK/HOLD OFFICE:				
Purpose of payments		Amount (actual dollars)			
		\$			
PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMEN	IT AGENCIES OF \$12 000 OR MORE:				
Agency name:	AGENOILS OF \$12,000 OK WORL.	Purpose of payment (amo	ount not required)		
PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOME	ERS OF \$12 000 OR MORE				
Customer name:	THO OF \$12,000 OR MORE	Purpose of payment (amo	ount not required)		
•					
WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A D	IRECT FINANCIAL INTEREST (Complete only	v if ownership in the FNTI	TV is 10% or more		
and assessed value of property is over \$24,000. List street addr					
B LOBBYING: (Continued)					
Person to Whom Services Rendered	Description of Legislation, Rules, Etc.	Compensation ((Use Code 1-9)		
		()		
			1		
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		()		
FOOD	-				
TRAVEL SEMINARS (continued)					
Date Donor's Name, City and State	Brief Description	Actual Dollar	Value		
Received		Amount	(Use Code 1-9)		
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